

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 <i>Please read instructions on next page.</i>					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Elena LaBella				2a. CONTACT PHONE NUMBER (510) 999-7908				3. CONTACT EMAIL ADDRESS elabella@ohhlegal.com							
1b. ATTORNEY NAME (if different) Kevin E. Gilbert				2b. ATTORNEY PHONE NUMBER (510) 999-7908				3. ATTORNEY EMAIL ADDRESS kgilbert@ohhlegal.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Orbach Huff & Henderson LLP 6200 Stoneridge Mall Road, Suite 225 Pleasanton, CA 94588				5. CASE NAME Martinez v. County of Alameda					6. CASE NUMBER 20-cv-06570						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Ana Dub				8. THIS TRANSCRIPT ORDER IS FOR: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL </div> <div> <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL </div> <div> <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form CJA24.</u> </div> </div>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
03/27/24	TSH	Trial	All day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03/28/24	TSH	Trial	All day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE /s/ Kevin E. Gilbert													12. DATE May 28, 2024		